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Atty Docket No. 02307U-132310US  
NBOME-016A

PTO FAX NO.: 1-571-273-8300

Group Art Unit 3739

cc: ATTENTION: Examiner FARAH, AHMED M @ 1-571-272 -4765

## OFFICIAL COMMUNICATION

### CERTIFICATION OF FACSIMILE TRANSMISSION

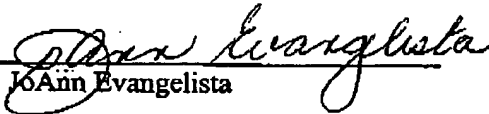
I hereby certify that the following documents in re Application of GEORGE BAERVELDT et al., Application No. 10/052,473, filed January 18, 2002 for MINIMALLY INVASIVE GLAUCOMA SURGICAL TREATMENT AND METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

#### Documents Attached

1. Transmittal (1 page)
2. RCE (Request for Continued Examination) (duplicate)
3. Amendment Accompanying RCE (6 pages)

Number of pages being transmitted, including this page: 10

Dated: September 26, 2005

  
JoAnn Evangelista

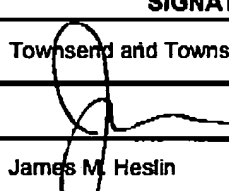
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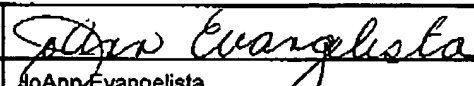
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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/052,473	
	Filing Date	January 18, 2002	
	First Named Inventor	Baerveldt, George	
	Art Unit	3739	
	Examiner Name	FARAH, AHMED M	
Total Number of Pages in This Submission	10	Attorney Docket Number	02307U-132310US / NEOME-016A

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
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Firm Name	Townsend and Townsend and Crew LLP	
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Printed name	James M. Heslin	
Date	September 26, 2005	Reg. No. 29,541

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on September 26, 2005.			
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